



LOS ANGELES UNIFIED SCHOOL DISTRICT
DIVISION OF SPECIAL EDUCATION
Psychological Services / ERMHS
333 S. Beaudry Avenue, 17th Floor
Los Angeles, CA 90017
Telephone: (213) 241-8303

JOHN E. DEASY PH.D.
Superintendent of Schools

SHARYN HOWELL
Executive Director

BETH KAUFFMAN
Director

**PLACEMENT AGREEMENT/AUTHORIZATION FOR RELEASE OF RECORDS
FOR STUDENTS BEING CONSIDERED FOR PLACEMENT IN A NONPUBLIC SCHOOL
THAT IS AFFILIATED WITH A RESIDENTIAL TREATMENT CENTER (NPS/RTC)**

This form is to be completed and signed by parent/guardian if, as a result of the student's LAUSD IEP or Due Process Agreement, he/she is being considered for placement in a **Nonpublic School that is affiliated with a Residential Treatment facility (NPS/RTC).**

Student: _____ DOB: _____
(Last Name) (First Name)

Parent/Guardian: _____
(Last Name) (First Name)

Telephone: _____
(Home/Cell) (Work/Other)

If, as a result of your child's IEP, he/she is being considered for placement in a **Nonpublic School that is affiliated with a Residential Treatment facility (NPS/RTC) located outside of Los Angeles County**, some travel expenses associated with your child's initial placement, your subsequent counseling visits to meet with your child and his/her counselor or your child's counseling visits home **may** be payable by the LAUSD Division of Special Education, Psychological Services/Educationally Related Mental Health Services (ERMHS) Department. Please consult the attached Travel Reimbursement Guidelines for further details.

Please note that all NPS/RTC services provided by LAUSD are educationally based. As such, please consult your private physician, mental health provider, community agency or appropriate Los Angeles County agency for assistance with any medication management or other medical needs your child may have.

Parent agrees:

1. To obtain medical insurance or Medi-Cal for this student.
2. To sign authorization for medical treatment and to assume financial responsibility for all medication and medical treatment not covered by medical insurance or Medi-Cal.
3. To provide clothing, or a clothing allowance while student is placed in the NPS/RTC.
4. To transport the child to the facility for admission, and to transport the child from the facility upon discharge.

I have read the foregoing and agree to conform to these requirements. The terms of this agreement shall remain in effect while this student attends the NPS/RTC unless it is modified through written agreement of the parties or until this student is removed/discharged from the NPS/RTC.

I have received a copy of the District's Parent/Guardian's Guide to Nonpublic School/Residential Treatment Centers (NPS/RTC) Travel Guidelines Parent/Guardian Initials: _____

(Signature of Parent/Guardian)

(Date)



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DIVISION OF SPECIAL EDUCATION

333 S. Beaudry Avenue, 17th Floor
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Telephone: (213) 241-6701

JOHN E. DEASY PH.D.
Superintendent of Schools

SHARYN HOWELL
Executive Director

AUTHORIZATION FOR REQUEST/RELEASE OF INFORMATION

Date: _____

Student: _____ DOB: _____
(Last Name) (First Name)

Parent/Guardian: _____
(Last Name) (First Name)

Address: _____
(Number) (Street) (City) (State) (Zip Code)

Telephone: _____
(Home/Cell) (Work/Other)

I hereby authorized the release of records related to pupil named above: (check as appropriate)

- Medical** **Psychiatric/Psychological** **Other** _____
- Audiological** **Educational Records** _____

From/To _____
(Name Person/Agency)

To/From: _____
(Name Person/Agency)

(Address)

(Address)

(Telephone)

(Telephone)

Requested records will be used for the following purpose(s):

This authorization shall remain in effect from the date of signature unless revoked in writing by the pupil's parent/guardian.

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I hereby consent to the release of the records indicated above.

(Signature of Parent/Guardian)

(Date)